

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/26/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION POC#1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445262	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/23/2018
NAME OF PROVIDER OR SUPPLIER CUMBERLAND HEALTH CARE AND REHABILITATION INC			STREET ADDRESS, CITY, STATE, ZIP CODE 4343 ASHLAND CITY HWY NASHVILLE, TN 37218		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 000	INITIAL COMMENTS A Life Safety Code Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulations Office of Health Care Facilities on 04/23/2018. During this Life Safety Survey, Cumberland Health and Rehab Center was found not in substantial compliance with the requirements for participation in Medicare/Medicaid with Title 42 CFR Subpart 483.70(a), The Rules of Tennessee Department of Health Board for Licensing Health Care Facilities Chapter 1200-08-06 Standards For Nursing Homes, and National Fire Protection Association (NFPA) 101 Life Safety (2012 Edition). The facilities 3 year Air Leakage test on the Dry Pipe Sprinkler System which was conducted on 04/12/2018. The system failed and is in the process of being replaced. * All penetrations requiring Fire Stop shall be repaired in accordance with a tested and approved Fire Stop System meeting the requirements of the UL (Underwriters Laboratory) assembly to which the Fire Stop is being applied. The system used shall be recorded and documentation shall be maintained for the life of the installation. * All damaged, painted, or corroded sprinklers shall be replaced in accordance with NFPA 25, Standards for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems (2011 Edition).	K 000	This plan of correction is submitted as required under Federal and State regulation and statutes applicable to long term care providers. This Plan of Correction does not constitute an admission of liability on the part of the facility, and such liability is hereby specifically denied. The submission of the plan does not constitute an agreement by the facility that the surveyors findings or conclusions are accurate, that the findings constitute a deficiency, or that the scope and severity regarding any of the deficiencies cited are correctly applied.		
K 353 SS=D	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101	K 353		6/9/18	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Cassidy Hawkins

TITLE

Administrator

(X8) DATE

5/17/18

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

received 5-18-18

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NAME OF PROVIDER OR SUPPLIER CUMBERLAND HEALTH CARE AND REHABILITATION INC			STREET ADDRESS, CITY, STATE, ZIP CODE 4343 ASHLAND CITY HWY NASHVILLE, TN 37218	
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K 353	<p>Continued From page 1</p> <p>Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked</p> <p>b) Who provided system test</p> <p>c) Water system supply source</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to maintain the sprinkler system.</p> <p>The finding included:</p> <p>Observation on 4/23/2018 at 11:57 AM, revealed 2 of 2 corroded sprinklers in the kitchen dish washing area. NFPA 101, 19.3.5.1 (2012 Edition), NFPA 101, 9.7.5 (2012 Edition), NFPA 25, 5.2.1.1.1 (2011 Edition), NFPA 25, 5.2.1.1.2 (2011 Edition)</p> <p>The regional maintenance staff was present when the deficiency was identified, and was later acknowledged by the administrator in the exit conference on 4/23/2018.</p>	K 353	<p>Sprinkler System- Maintenance and Testing CFR(s); NFPA 101</p> <p>1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>(a) 2 of 2 of the corroded sprinklers in the kitchen dish washing area have been measured and ordered for replacement and will be replaced upon order arrival.</p> <p>2. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;</p> <p>(a) A 100% audit of sprinklers will be completed by 5/18/18 to ensure all are free from corrosion. Any sprinkler heads not free from corrosion will be replaced.</p> <p>3. What measures will be put into place or what systematic changes will you make to ensure that the deficient practice does not recur;</p> <p>(a) Maintenance staff will be re-educated by 5/18/18 on requirements in maintaining the sprinkler system.</p> <p>4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur;</p> <p>(a) Beginning 5/18/18, random audits will be performed weekly for 12 weeks, then every other week for 12 weeks, then monthly thereafter of corrosion on sprinkler heads to ensure the sprinkler system is properly maintained.</p> <p>Any issues with non-compliance will be presented to the QAA Committee (Director of Nursing, Administrator, Medical Director, and Infection Control Nurse) for review and resolution.</p>	6/9/18

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NAME OF PROVIDER OR SUPPLIER CUMBERLAND HEALTH CARE AND REHABILITATION INC			STREET ADDRESS, CITY, STATE, ZIP CODE 4343 ASHLAND CITY HWY NASHVILLE, TN 37218		
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E 000	Initial Comments During the re-certification survey completed on 04/23/2018, this facility was found to be in compliance with all emergency preparedness requirements.	E 000			
					6/9/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Cassidy Hawkins

TITLE

Administrator

(X6) DATE

5/17/18

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the Institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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PRINTED: 07/12/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445262	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED R 07/10/2018
NAME OF PROVIDER OR SUPPLIER CUMBERLAND HEALTH CARE AND REHABILITATION INC			STREET ADDRESS, CITY, STATE, ZIP CODE 4343 ASHLAND CITY HWY NASHVILLE, TN 37218		
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{K 000}	INITIAL COMMENTS A Life Safety Code Survey followup was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulations Office of Health Care Facilities on 07/10/2018. During this Life Safety Survey, Cumberland Health and Rehab Center was found in compliance with the requirements for participation in Medicare/Medicaid with Title 42 CFR Subpart 483.70(a), The Rules of Tennessee Department of Health Board for Licensing Health Care Facilities Chapter 1200-08-06 Standards For Nursing Homes, and National Fire Protection Association (NFPA) 101 Life Safety (2012 Edition).	{K 000}			

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